# CORRECTED NSLP/SBP/SMP REPORT AND CLAIM FOR REIMBURSEMENT WORKSHEET

## SECTION 1

**Record Sponsor Name, Sponsor Number and Address Below:**

| Claim Period Covered (1) Month / Year | Membership Lunch and/or Milk (2) | Average Daily Attendance Lunch and/or Milk (3) | Number of Days Lunch/Milk Served (4) | ADP Lunch (5) | Membership Breakfast (6) | Average Daily Attendance Breakfast (7) | Number of Days Breakfast Served (8) | ADP Breakfast (9) Regular / Needy | Number of Days Snack Served (10) |
|---|---|---|---|---|---|---|---|---|---|
| | | | | _____ | | | | _____ / _____ | |

| Opening Bank Balance (Reconciled) (11) | Bank Deposits (12) | Income Due (13) | Expenditures (14) | Unpaid Bills (15) | Computed Cash Position (16) | Closing Bank Balance (Reconciled) (17) |
|---|---|---|---|---|---|---|
| $ _____ + | $ _____ + | $ _____ - | _____ - | _____ = | _____ | _____ |

| Misc/A La Carte Sales (18) | Value of Inventory on Hand (19) | Approved FREE Students (20) | Approved REDUCED PRICE Students (21) |
|---|---|---|---|
| | | | |

## SECTION 2

### NATIONAL SCHOOL LUNCH PROGRAM (NSLP)

| | Number Served | Rate | Reimbursement |
|---|---|---|---|
| 1. REIMBURSEMENT | | | |
| a. Reduced Price | | ____ ¢ | $ _____ |
| b. Free | | ____ ¢ | $ _____ |
| c. Paid | | ____ ¢ | $ _____ |
| d. Total Served to Students | | | |
| Number of Schools | | | |

2. TOTAL OF COLUMN       $ _____

### SCHOOL BREAKFAST PROGRAM (SBP)

| | Number Served | Rate | Reimbursement |
|---|---|---|---|
| Reduced | | ____ ¢ | $ _____ |
| Free | | ____ ¢ | $ _____ |
| Paid | | ____ ¢ | $ _____ |
| Total | | | |
| Number of Schools | | | |

#### NEEDY BREAKFAST ONLY

| | Number Served | Rate | Reimbursement |
|---|---|---|---|
| Reduced | | ____ ¢ | $ _____ |
| Free | | ____ ¢ | $ _____ |
| Paid | | ____ ¢ | $ _____ |
| Total | | | |
| Number of Schools | | | |

TOTAL OF COLUMN       $ _____

### SPECIAL MILK PROGRAM (SMP)

| | Number Served | Rate | Reimbursement |
|---|---|---|---|
| Reduced | | ____ ¢ | $ _____ |
| Free | | ____ ¢ | $ _____ |
| Paid | | ____ ¢ | $ _____ |
| Total | | | |
| Number of Schools | | | |

TOTAL OF COLUMN       $ _____

### AFTER SCHOOL SNACK PROGRAM

| | Number Served | Rate | Reimbursement |
|---|---|---|---|
| Reduced | | ____ ¢ | $ _____ |
| Free | | ____ ¢ | $ _____ |
| Paid | | ____ ¢ | $ _____ |
| Total | | | |
| Number of Schools | | | |

#### AREA ELIGIBLE SNACKS

| | Number Served | Rate | Reimbursement |
|---|---|---|---|
| Reduced | ▓▓▓▓ | ____ ¢ | $ _____ |
| Free | | ____ ¢ | $ _____ |
| Paid | ▓▓▓▓ | ____ ¢ | $ _____ |
| Total | | | |
| Number of Schools | | | |

TOTAL OF COLUMN       $ _____

TOTAL REIMBURSEMENT   $ _____

## SECTION 3

| | LUNCH | BREAKFAST | AFTER SCHOOL SNACK | SPECIAL MILK | MISCELLANOUS /A LA CARTE | TOTAL |
|---|---|---|---|---|---|---|
| 1. CASH FROM DAILY SALES | | | | | | |
| 2. FEDERAL REIMBURSEMENT RECEIVED | | | | | ▓▓▓▓ | |
| 3. OTHER INCOME | | | ▓▓▓▓ | ▓▓▓▓ | | |

## SECTION 4

| | LUNCH | BREAKFAST | AFTER SCHOOL SNACK | SPECIAL MILK | MISCELLANOUS/A LA CARTE | TOTAL |
|---|---|---|---|---|---|---|
| 1. COST OF FOOD USED | | | ▓▓▓▓ | ▓▓▓▓ | | |
| 2. COST OF DIRECT LABOR | | | ▓▓▓▓ | ▓▓▓▓ | | |
| 3. EQUIPMENT DEPRECIATION | | | ▓▓▓▓ | ▓▓▓▓ | | |
| 4. OTHER DIRECT COST | | | ▓▓▓▓ | ▓▓▓▓ | | |
| 5. INDIRECT COST | | | ▓▓▓▓ | ▓▓▓▓ | | |
| 6. VALUE OF DONATIONS | | | ▓▓▓▓ | ▓▓▓▓ | | |

I certify that the information on this voucher is true and correct to the best of my knowledge; that records are available to support this claim; and that it is in accordance with the terms of existing agreement and that payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

Signature of SFA Representative: _____   Title: ____   Date ____   Area Code & Telephone Number: ____

# NSLP/SBP PROGRAMS
## Instructions For Completing Corrected Report and Claim For Reimbursement Worksheet

Report data for one calendar month only. Amount of payment will be computed by State Agency using rates of reimbursement. Ensure that you round all amounts down to the nearest dollar and that the claim is signed.

Corrected claims completed before the 15<sup>th</sup> of the month should be corrected online (https://cdcbps.ky.gov/NHS-Main/). Corrected claims completed after the 15<sup>th</sup> of the month should be faxed (502/564-8919) to the State Agency by the 30<sup>th</sup> of the month and <u>must</u> be accompanied with a Corrective Action Plan (http://nhs.ky.gov/cacfp.htm).

Enter **<u>corrected</u>** information only.

**<u>Section 1:</u>**

|  |  |
|---|---|
|  | **Required:** Sponsor Name, Sponsor Address, Sponsor Number, signature, title, claim month, claim year and phone number are required for processing. |
| Item (1) | **Required:** Enter two digit claim month and four digit year from the serving month. |
| Item (2) | Enter highest total of Lunch membership for serving month. |
| Item (3) | Enter Average Daily Attendance (ADA) for Lunch and/or Milk for serving month. |
| Item (4) | Enter number of days meals were served to eligible participants for month. |
| Item (5) | Enter Average Daily Participation (ADP) of Lunch served for month (calculated by dividing the total meals served by number of days served during month). |
| Item (6) | Enter total current Breakfast membership for serving month. |
| Item (7) | Enter Average Daily Attendance (ADA) for breakfast for serving month. |
| Item (8) | Enter total number of days Breakfast was served to eligible participants for month. |
| Item (9) | Enter Average Daily Participation (ADP) for Regular and Needy Breakfast served for month (calculated by dividing the total meals served by number of days served during month). |
| Item (10) | Enter total number of days Snacks were served for month. |
| Item (11) | Enter Opening Bank Balance (reconciled from previous month Closing Bank Balance). |
| Item (12) | Enter total Bank Deposits (Total from Section 3). |
| Item (13) | Enter Income Due (reimbursements not received and special function or contract meals that have not been paid). Private schools and RCCIs do not complete-enter zero (0). |
| Item (14) | Enter Expenditures (should match MUNIS Balance sheet). *Private Schools and RCCIs – Expenditures should equal total bank deposits in Section 3 to arrive at a zero (0) Opening Bank Balance, Closing Bank Balance and Computed Cash Position. |
| Item (15) | Enter total amount of Unpaid Bills due for serving month (includes all invoices from current month). Private schools and RCCIs do not complete-enter zero (0). |

Item (16)     Add Item 11, plus Item 12, plus Item 13, minus Item 14, minus Item 15 equals total.

Item (17)     Calculated by Item 11, plus Item 12, minus Item 14 equals total (should match MUNIS Balance sheet or bank statement).

Item (18)     Enter total number of items sold A La Carte.

Item (19)     Enter the total dollar value of the inventory from the Inventory Sheets.

Item (20)     Enter the highest number of approved Free students for the month.

Item (21)     Enter the highest number of approved Reduced students fort the month.

**Section 2:**
**National School Lunch Program (NSLP)**

Number 1a     Enter total number of Reduced meals served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)

Number 1b     Enter total number of Free meals served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)

Number 1c     Enter total number of Paid meals served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)

Number 1d     Enter total number of Reduced, Free and Paid meals served to eligible participants for month.

Number of Schools     Enter total number of schools being claimed for month.

**School Breakfast Program (SBP)**

Number 1a     Enter total number of Reduced meals served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)

Number 1b     Enter total number of Free meals served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)

Number 1c     Enter total number of Paid meals served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)

Number 1d     Enter total number of Reduced, Free and Paid meals served to eligible participants for month.

Number of Schools     Enter total number of schools claimed for month.
              *ONLINE REPORTING SYSTEM NOTE: If schools qualify for Needy Breakfast, enter total number served for Free and Reduced.

**Special Milk Program (SMP)**

Number 1a     Enter total number of Reduced milks served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)

Number 1b     Enter total number of Free milks served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)

Number 1c     Enter total number of Paid milks served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)

Number 1d     Enter total number of Reduced, Free and Paid milks served to eligible participants for month.

Number of Schools     Enter total number of schools claimed for month.

**After School Snack Program**

Number 1a          Enter total number of Reduced snacks served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)

Number 1b          Enter total number of Free snacks served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)

Number 1c          Enter total number of Paid snacks served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)

Number 1d          Enter total number of Reduced, Free and Paid snacks served to eligible participants for month.

Number of Schools    Enter total number of schools claimed for month.

**Areas Eligible Snacks**

Number 1b          Enter total number of Free snacks served to eligible participants for month. (OPTIONAL: Rate and Reimbursement)

Number 1d          Enter total number of Free snacks served to eligible participants for month.

Number of Schools    Enter total number of schools claimed for month.
*ONLINE REPORTING SYSTEM NOTE: Enter under Area Eligible Snacks all Free snacks served.

## <u>Section 3</u>
**Lunch**

Number 1.           Enter actual cash received for Lunch (found in monthly cash counts from serving line or D-4).

Number 2.           Enter any Federal reimbursement received in current month (LEA Voucher).

Number 3.           Enter any income allocated from D-4b (interest, and state matching funds) and contract meals.

**Breakfast**

Number 1.           Enter total amount from actual cash received for Breakfast (found in monthly cash counts from serving line or D-4).

Number 2.           Enter any Federal reimbursement received in current month (LEA Voucher).

Number 3.           Enter any income allocated from D-4b (interest, and state matching funds).

**Miscellaneous/A La Carte**

Number 1.           Enter total amount from actual cash received for A La Carte sales (found in monthly cash counts from serving line or D-4).

Number 3.           Enter any income allocated from D-4b (other monthly income to be allocated) plus contract meals, special functions, Summer Feeding Reimbursement and Fresh Fruit and Vegetable Reimbursement.

**Total**

Number 1.           Add Cash From Daily Sales Lunch, Breakfast, After School Snack, Special Milk, and Miscellaneous/A La Carte - enter total.

Number 2.               Add Federal Reimbursement Received Lunch, Breakfast, After School Snack, and Special Milk  - enter total.

Number 3.               Add Other Income Lunch, Breakfast and Miscellaneous/A La Carte  - enter total.


**Section 4**

**Lunch**

Number 1.               Enter total from D-9a to allocate cost for Lunch.
Number 2.               Enter total from D-9a to allocate cost for Lunch.
Number 3.               Enter total from D-9a to allocate cost for Lunch.
Number 4.               Enter total from D-9a to allocate cost for Lunch.
Number 5.               Enter total from D-9a to allocate cost for Lunch.
Number 6.               Enter total from D-9a to allocate cost for Lunch.


**Breakfast**

Number 1.               Enter total from D-9a to allocate cost for Breakfast.
Number 2.               Enter total from D-9a to allocate cost for Breakfast.
Number 3.               Enter total from D-9a to allocate cost for Breakfast.
Number 4.               Enter total from D-9a to allocate cost for Breakfast.
Number 5.               Enter total from D-9a to allocate cost for Breakfast.
Number 6.               Enter total from D-9a to allocate cost for Breakfast.


**After School Snack**

Number 1.               Subtract total cost of snacks from cost of food used enter total


**Special Milk**

Number 1.               Enter cost of milk purchased for month for Special Milk Program.


**Miscellaneous/A La Carte**

Number 1.               Enter total from D-9a to allocate cost for Miscellaneous/A La Carte.
Number 2.               Enter total from D-9a to allocate cost for Miscellaneous/A La Carte.
Number 3.               Enter total from D-9a to allocate cost for Miscellaneous/A La Carte.
Number 4.               Enter total from D-9a to allocate cost for Miscellaneous/A La Carte.
Number 5.               Enter total from D-9a to allocate cost for Miscellaneous/A La Carte.
Number 6.               Enter total from D-9a to allocate cost for Miscellaneous/A La Carte.


**Total**

Number 1.               Enter total cost of food used (must equal Lunch, Breakfast, After School Snacks and Miscellaneous/A La Carte claimed).

Number 2.               Enter total cost of direct labor (must equal Lunch, Breakfast, and Miscellaneous/A La Carte claimed).

Number 3.               Enter total cost equipment depreciation (must equal Lunch, Breakfast, and Miscellaneous/A La Carte claimed).

Number 4.               Enter total amount of other direct costs (must equal Lunch, Breakfast, and Miscellaneous/A La Carte claimed).

Number 5.                Enter total amount of indirect costs (must equal Lunch, Breakfast, and Miscellaneous/A La Carte claimed).

Number 6.                Enter total amount and/or value of donations received (must equal Lunch, Breakfast, and Miscellaneous/A La Carte claimed).

Representative must sign, enter title, date and telephone number.